SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138



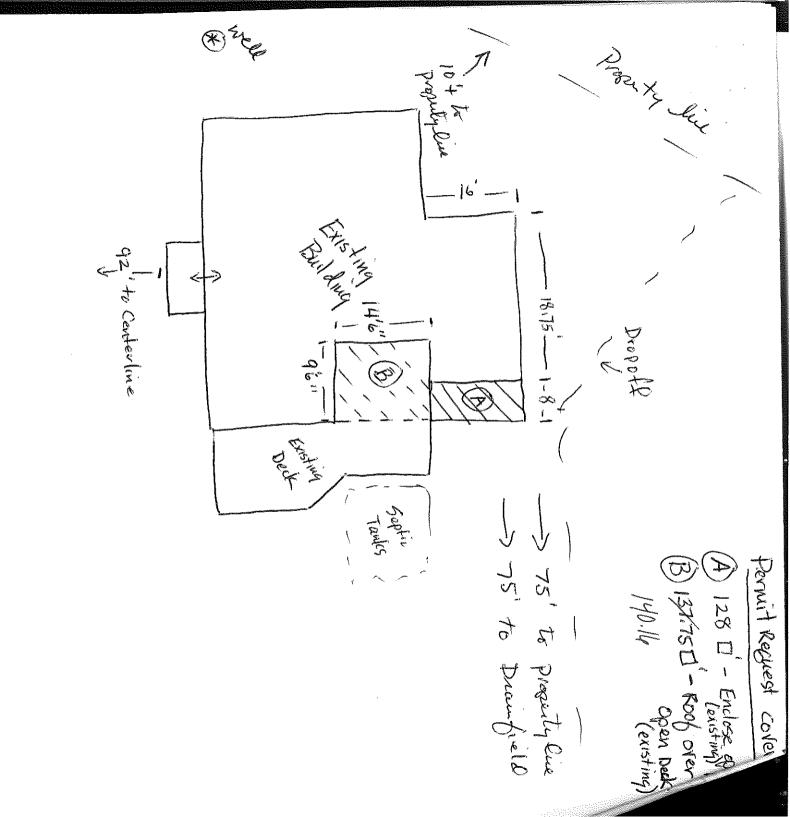


Date:

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Application No.:

をーレー机 Date of Approval	Signed ALA Inspector
	Condition:
Variance (B.O.A.) #	Mitigation Plan Required: Yes 🗇 No 又
Date of Inspection 6-2~((CAPUMIT FILL PALLET MAY BY DOC. DOT
outher threath of the case	Shudhut Serbery Colombas to Miraento Bo
Permit Denied (Date)	Date 6-9-11 Permit Number 11-0/55 Permit
Date 6-19-03	Permit Issued: State Sanitary Number <u>H0H3A3</u>
(If you recer Attach a C	* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE
54856 ATTACH Copy of Tax Statement or	Address to send permit 14565 Knoll's 12d. Meson WI
operty at any reasonable time for the purpose of inspection. Date 5-23-11	Owner or Authorized Agent (Signature)
f my (our) knowledge and belief it is true, correct and complete. I tit will be relied upon by Bayfield County in determining whether I (we) am (are) providing in or with this application. I (we)	I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we)
RMIT WILL RESULT IN PENALTIES	FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCT
☐ External Improvements to Accessory Building (explain)	ding Addition (explain)
Use (explain)	Residential Accessory Building (explain)
(explain)	Residence sq. ft Garage sq. ft Commercial Other (explain)
☐ Commercial Accessory Building Addition (explain)	nce w/attached garage (# of bedrooms)
	Residence sq. ftPorch sq. ft
☐ Commercial Principal Building	w/deck-porch (# of bedrooms)
Ifactured date)	Li # Residence or Principal Structure (# or bedrooms)
Conventional w/	Square Footage 268.75
Number of Stories	AdditionExistingX Basement:
Ò	ucture in a Shoreland Zone? Yes ☐ No X If yes.
Yes 🔲 🕒	5-372-666(Home) 372-5315 (Work)
(Phone)	Address of Property 14385 C+Y H Plumber MaSon WT 54856 Authorized Agent
115 - Scatt (Phone) 372 - 838	
7-08-3-04-00-80	Parcel I.D. 04-016-2-46
Range/West.	scription SE 1/4 of DW 1/4 of Section C Township TC
B.O.A. OTHER	TARY PRIVY CONDITIONAL USE CALL Description
	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.
Amount Paid: \$125.00 RDS	Bayfield Co. Zoning Dept. INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.



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